## PATENT APPLICATION FEE DETERMINATION RECORD

Effective October 1, 2001

Application or Docket Number

10086229

|   |   |   | SMALL ENTITY TYPE                     |                      | OR                           | OTHER THAN<br>OR SMALL ENTITY |             |                   |                        |           |                     |                        |  |
|---|---|---|---------------------------------------|----------------------|------------------------------|-------------------------------|-------------|-------------------|------------------------|-----------|---------------------|------------------------|--|
| TOTAL CLAIMS  |   |   | 9                                     |                      |                              |                               | F           | RATE              | FEE                    |           | RATE                | FEE                    |  |
| FOR   |   |   | NUMBER FILED                          |                      | NUMB                         | ER EXTRA                      | ВА          | SIC FEE           | 370.00                 | OR        | BASIC FEE           | 740.00                 |  |
| то  | TAL CHARGEA   | BLE CLAIMS                                | 9 minus 20=                           |                      | * Ø                          | 3                             | \[\bar{\}\] | X\$ 9=            |                        | OR        | X\$18=              |                        |  |
| INDEPENDENT CLAIMS  |   |   | ) mi                                  | nus 3 =              | * / 4                        |                               | ;           | X42=              |                        | OR        | X84=                |                        |  |
| MU  | LTIPLE DEPEN  | DENT CLAIM PI                             | RESENT                                |                      |                              |                               | +           | ·140=             |                        | OR        | +280=               |                        |  |
| * If  | the difference  | in column 1 is                            | less than zero, enter "0" in column 2 |                      |                              |                               |             | OTAL              |                        | OR        | TOTAL               | 740                    |  |
| CLAIMS AS AMENDED - PART II   |   |   |                                       |                      |                              |                               | •           |                   |                        |           |                     | THAN                   |  |
| _   |   | (Column 1)<br>CLAIMS                      |                                       | (Colu                |                              | (Column 3)                    |             | MALL              |                        | OR<br>I I | SMALL               |                        |  |
| AMENDMENT A   |   | REMAINING<br>AFTER<br>AMENDMENT           |                                       | NUM<br>PREVI<br>PAID |                              | PRESENT<br>EXTRA              | F           | RATE              | ADDI-<br>TIONAL<br>FEE |           | RATE                | ADDI-<br>TIONAL<br>FEE |  |
|   | Total   | *   | Minus                                 | **                   | 26                           | = )                           | >           | <b>(\$ 9=</b>     | ſ                      | OR        | X\$18=              |                        |  |
| AME   | Independent   | * 1                                       | Minus                                 | ***                  | 3                            | = /                           | \[\bar{\}\] | X42=              |                        | OR        | X84= /              |                        |  |
| L   | FIRST PRESE   | NTATIÓN OF MI                             | ULTIPLE DEF                           | PENDEN               | T CLAIM                      |                               | +           | 140=              |                        | OR        | +280=               |                        |  |
|   | •   |   |                                       |                      |                              |                               | <b>L</b>    | TOTAL<br>DIT. FEE |                        | OR        | TOTAL<br>ADDIT, FEE |                        |  |
|   |   | (Column 1)                                |                                       | (Colu                | mn 2)                        | (Column 3)                    | AUL         | JII. FEE <b>1</b> |                        |           | ADDI1. 1 CE         |                        |  |
| AMENDMENT B   |   | CLAIMS<br>REMAINING<br>AFTER<br>AMENDMENT |                                       | NUM<br>PREVI         | HEST<br>IBER<br>OUSLY<br>FOR | PRESENT<br>EXTRA              | F           | RATE              | ADDI-<br>TIONAL<br>FEE |           | RATE                | ADDI-<br>TIONAL<br>FEE |  |
|   | Total   | *   | Minus                                 | **                   |                              | =                             | <b>\</b>    | <b>(</b> \$ 9=    |                        | OR        | X\$18=              |                        |  |
|   | Independent   | *   | Minus                                 | ***                  |                              | =                             | ,           | X42=              |                        | OR        | X84=                | ,                      |  |
|   | FIRST PRESE   | NTATION OF MI                             | JLTIPLE DEF                           | PENDEN               | T CLAIM                      |                               | <b>│</b>    | 140=              |                        | OR        | +280=               |                        |  |
|   |   |   |                                       |                      |                              |                               | <b>L</b>    | TOTAL<br>OIT. FEE |                        |           | TOTAL<br>ADDIT. FEE |                        |  |
|   |   | (Column 1)                                |                                       | (Colu                | mn 2)                        | (Column 3)                    | AL:         | /11. T EE B       |                        |           | ADDIT. I ELI        |                        |  |
| AMENDMENT C   |   | CLAIMS<br>REMAINING<br>AFTER<br>AMENDMENT |                                       | HIGH<br>NUM<br>PREVI | HEST<br>IBER<br>OUSLY<br>FOR | PRESENT<br>EXTRA              | F           | RATE              | ADDI-<br>TIONAL<br>FEE |           | RATE                | ADDI-<br>TIONAL<br>FEE |  |
| NON   | Total   | *   | Minus                                 | **                   |                              | = .                           | X           | (\$ 9=            |                        | OR        | X\$18=              |                        |  |
| ME  | Independent   | *   | Minus                                 | ***                  |                              | =-                            | >           | (42=              |                        | OR        | X84=                |                        |  |
| L   | FIRST PRESE   | NTATION OF M                              | ULTIPLE DEI                           | PENDEN               | TCLAIM                       |                               |             |                   |                        |           | .000                |                        |  |
| * If the entry in column 1 is less than the entry in column 2, write "0" in column 3. |   |   |                                       |                      |                              |                               |             |                   |                        | OR        | +280=               |                        |  |
| **  | ** If the entry in column 1 is less than the entry in column 2, write "0" in column 3.  ** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20."  ***If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3."  The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1. |   |                                       |                      |                              |                               |             |                   |                        |           |                     |                        |  |